DOGM C17 ACT/045/017		
SENDER: Complete items 1 and 2 when additional service	ces are desired, and complete items 3 and 4	
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.		
3. Article Addressed to: Mr. David R. Bird, Esq.	4. Article Number	
Parson, Behle, & Latimer	P 001 717 711	
185 S State Street	Type of Service:	
Salt Lake City UT 84111	Registered Insured COD COD	
	Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee	8. Addressee's Address (ONLY if	
Maior Pasuberer	requested and fee paid)	
6. Signature – Agent X JUN 22 1987		
x JUN 22 1301		
7. Date of Delivery		
6 Form 3811, Feb. 1986	DOMESTIC RETURN RECEIPT	

UNITED STATES POSTAL SERVICE OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address, and ZIP Code
in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN



Print Sender's name, address, and ZIP Code in the space below.

NATURAL RESOURCES
OIL, GAS, & MINING
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UTAH 84180-1203

001 717 711

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)		
Sent to Mr. David R. Parson, Behle, & La Street and No. 185 South State Street	CTHET	M
P.O. State and ZIP Code Salt Lake City UT	84111	clj
Postage	\$	AC
Certified Fee	17 =)/T/O
Special Delivery Fee		ACT/045/017
Restricted Delivery Fee		017
Return Receipt Showing to whom and Date Delivered		
Return receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	
Postmark or Date 19 1987	5)	

PS Form 3800, Feb. 1982

CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front) STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE

- (no extra charge) 1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier.
- article, date, detach and retain the receipt, and mail the article If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the
- to back of article. Endorse front of article. RETURN RECEIPT REQUESTED adjacent to the number Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix If you want a return receipt, write the certified mail number and your name and address on a return receipt card
- RESTRICTED DELIVERY on the front of the article . If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse
- Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
- Save this receipt and present it if you make inquiry